

FATAL



State of Connecticut
Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: GCase Number: DPS-05-010575Investigating Trooper: Glowacki # 1430Date: 2-27-05Time: 1759

Notations:
Traffic: L
Weather: C
Lane 51 of 5
Direction of Travel:
N S E W

No. & Type of Veh's Involved: 1 CAR
(Passenger Car, Truck, Bus, Etc.)

Related Information: 1 PEDESTRIAN
(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: BridgeportLocation of Accident: Rt. 25 s/b n x5

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Lewis, John G SrOper #2: Valeta, Alex (Pedestrian)DOB: 7-24-62Gender: ☒ M ☐ FDOB: UnknownGender: ☒ M ☐ FAddress: 301 South Main St U28Address: 1251 Noble AveTown: Newtown State: CT Zip: 06404Town: Bridgeport State: CT Zip: 06604Oper. Lic. #: 194157820 Type: State: CT

Oper. Lic. #: Type: State:

Owner #1: SAME

Owner #2:

Address: SAME

Address:

Registration Plate: 826CDW State:

Registration Plate: State:

Make: Chev Model: G20 Year: 95

Make: Model: Year:

VIN: 1GCEG25K7SF149402

VIN:

Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: Geico

Insurance Company:

Insurance Policy #: 0518294004

Insurance Policy #:

Injuries: NONEInjuries: FATALVehicle Damage: RT front fender, hood grill

Vehicle Damage:

Vehicle Towed: ☐ No ☒ Yes, MickeysVehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

2/ Lewis, Carmen 10-18-60c/ Lewis, Sarah 04-10-91

Oper #3:

Oper #4:

DOB: Gender: ☐ M ☐ FDOB: Gender: ☐ M ☐ F

Address:

Address:

Town: State: Zip:

Town: State: Zip:

Oper. Lic. # Type: State:

Oper. Lic. # Type: State:

Owner #3:

Owner #4:

Address:

Address:

Registration Plate: State:

Registration Plate: State:

Make: Model: Year:

Make: Model: Year:

VIN:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Company:

Insurance Policy #:

Insurance Policy #:

Injuries:

Injuries:

Vehicle Damage:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

1A7A7

Brief Description of Accident

Operator 1 was traveling route 25 southbound in the left lane of 5 lanes. Traffic Unit (TU) 2 was attempting to cross from the right shoulder to the center median. TU2 ran into the path of Vehicle 1. Vehicle 1 struck TU2. TU2 was transported to Saint Vincents hospital where he was pronounced dead.

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company AMR ☐ No

Patient Name: Valets, Alex

Hospital: Saint Vincent

Injuries: _____

#2 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

#3 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

#4 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: _____

Hospital: _____

Injuries: _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name Valets, Alex

Next of Kin Notified? ☒ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature _____ # _____ Date _____